



**CONSENT TO TREATMENT
A MINOR CHILD OR DEPENDENT**

This is to certify that I /We, _____, have legal custody or guardianship of the following minor(s)/dependent(s) as well as legal right to authorize his / her / their care, treatment and/or council:

Name(s) of Minor(s) / Dependents(s):

Date of Birth:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I give my consent for him / her / them to receive individual and/or family therapeutic services from the clinicians at Resolutions Individual, Couple & Family Therapy, LLC

Legal Custodial Parent / Guardian Signature

Date

Legal Custodial Parent / Guardian Signature

Date

Witness Signature

Date